

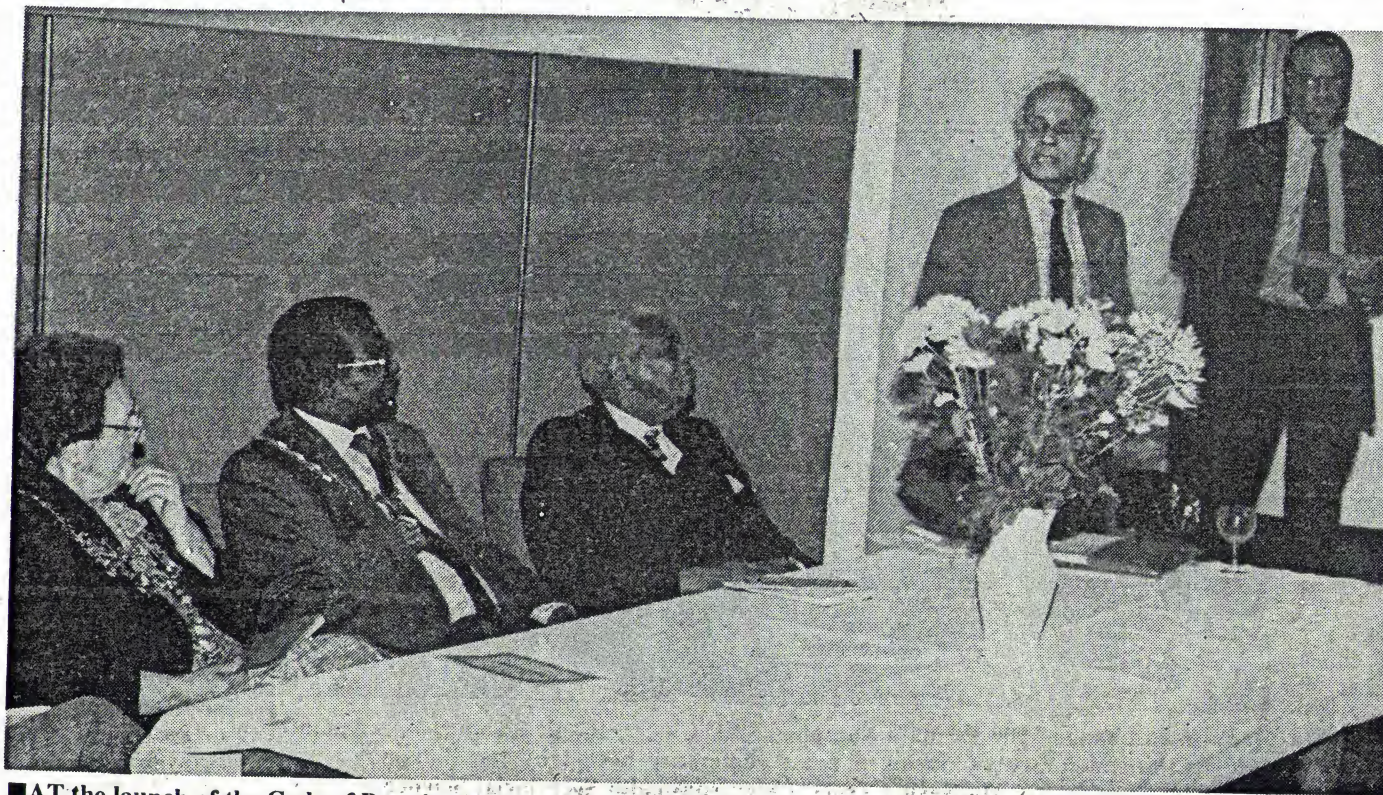
# Doctors Code of Practice for interpreters

by Stephen Bulglin

AT the recent launch of a code of practice for interpreters by a local community health care at St. George's Hospital in Tooting, south London, Lord Pitt of Hampstead told Jill Sedgewick, the mayor of Wandsworth, that he hoped that there would be a local authority contribution as it is "an investment in good health."

The *Code of Practice for Interpreters* was developed by the Ethnic Switchboard, a research group consisting of African, Caribbean and Asian medical practitioners, whose awareness that people who originate from these areas are, when seeing their doctors, disadvantaged by race, language and culture because some white practitioners have little or no respect for them, and less for the interpretation they sometimes place on their illnesses, or the way they explain them.

The switchboard — which has recently lost its funding in the series of cuts made by Wand-



■ AT the launch of the Code of Practice for interpreters — Lord Pitt of Hampstead (centre), flanked by Cllr. Jill Sedgewick, Mayoress of the London Borough of Wandsworth; Cllr. Joe Abrams, Mayor of the Borough of Merton; Dr. Suman Fernando and Dr. Aggrey Burke

number of rules of good practice for doctors when dealing with patients whose first language is not English, and with whom serious misunderstandings sometimes develop between doctor and

Dr. Suman Fernando, a psychiatrist who is closely associated with the Ethnic Switchboard, told those who attended the launch that "Communication is very important. It is not just about language but

sion of interpreters in medicine. Here in Britain "Children and friends are used as interpreters; this is against medical ethics"

and, where children are used, it could be harmful to them in the long run."

Dr. Aggrey Burke, chair of the group, said:

"We want to iron out the disastrous effects in communication between doctor and patient. Some institutions have interpre-

ters, but no access. If there is no access to ease communication between doctor and patient, it will fail."

Among the causal factors that give rise to the large number of people from the black communities finding themselves in this predicament is the "politics of race" which determines the way in which resources are distributed. "People dumped in run-down estates will have a shorter life-span; there is a need to cater for children in care and an understanding of our people's plight," Dr. Burke said.

■ The Ethnic Switchboard is based at the Ethnic Study Group Coordinating Centre for Community Health Care, 2 (B) Lesingham Avenue, Tooting, London SW17 8LU. Tel: 081-682 0216. (The office is open part time but a message may be left on the answerphone system). Copies of the *Code of Practice* are obtainable from the above address price £3.50.



sworth council – also has a developing archive of literature on communication, race and health and is managed by a committee who oversees the administration of the project. Potential interpreters are recruited,



■ **LORD Pitt:** "...an investment in good health"

screened for aptitude and those who are selected receive a 12-week course of training in either mental health or social work interpreting – the areas of greatest need. They are then entered on the switchboard's computerised data base which is arranged on a geographical and language grid. The switchboard also provides a directory service of various linguistic and cultural health professionals, both in London and in the regions.

The code consists of a

patient as a result of a quite often dismissive attitude held by white practitioners.

White practitioners interpret black patients' explanations of their illnesses in terms of white medical standards and beliefs. This results in a particularly disastrous situation for the African, Asian and Caribbean communities where large numbers of people from these groups are diagnosed as mental cases and sent to secure psychiatric hospitals where they are pumped with drugs until their inner self is killed off, and as arbitrarily as they are pushed into the psychiatric wings, they are decanted onto the streets again under the new hospitals privatisation plan – and with scant or no supervision.

In a NACRO (National Association for the Care and Resettlement of offenders) December report, titled *Black People, Mental Health and the Courts*, black defendants are more likely to be detained than whites when psychiatric reports are requested by the courts.

According to the report, the African Caribbean population represents only 1–2 per cent of the total population, but 10.6 per cent of the male prison population, and 20.6 per cent of the female prison population are from the African Caribbean community – many of whom are diagnosed as having mental disorders.

goes well beyond that. Patients come with an explanatory model of their illnesses and we have to meet them halfway. If the doctor does not, the patient does not come back. Language is important, but that's not all."

Among the concepts and beliefs in British psychiatry about the African, Caribbean and Asian groups is that Asian patients, especially, traumatised their problems. "But the truth is, where they felt they are being denied, they do not respond. In one north London borough, the Greeks go elsewhere for treatment as the doctors do not want to know about anything other than physical problems," Dr. Suman said.



■ **MARIAM Nafisa:** "Children and friends used as interpreters..."

Mariam Nafisa, coordinator of the switchboard, said that the continental section of Europe is far ahead of Britain in the organisation and provi-

## An education campaign for those who CARE

THE Campaign for Anti-Racist Education (CARE), was launched to promote race equality in education.

Events in Brent, Burnage and Dewsbury, and the media and Government treatment of them, demanded an urgent response.

At a time of escalating racism, and government policy of cuts in public expenditure, there is an erosion of the quality of education and opportunities for pupils, students and staff, and especially for those from working class black and ethnic minority communities.

CARE has been established to mount opposition to and continue the fight back against central government attacks on education and, in particular, Anti-racist education, by forming broad based alliances with the organised labour movement, communities and community groups, existing and Anti-racist campaigning bodies, voluntary sector groups, churches, charitable groups and others who wish to ensure that we all live in a just and humane society.

### Aims and Objectives

1. To mobilise a concerted opposition to the current anti-democratic direction in education and challenge the new structures which under-

mine race equality in education.

2. To bring together teachers, parents, pupils, working-class, black and white communities and oppressed minorities to exercise greater control over the education system.

3. To redefine terms and regain the ideological and political ground which has been lost.

4. To present a vision/model of education which challenges the anti-democratic view and encompasses the rights of community groups through collective action.

5. To re-establish/expand the network of groups involved in furthering Anti-racism and in particular Anti-racist education.

6. To forge links between groups and individuals

who are the targets of racist attacks and racist propaganda.

7. To present an accessible 'popular' critique of the current political, economic and ideological trends to be used by communities to protect and fight for Anti-racist education.

8. To reclaim Anti-racist education as good education.

### What is to be done?

1. Join/Affiliate to the Campaign by completing and returning the tear-off slip below.

2. Promote the aims and objectives of CARE in your workplace, community and organisations.

3. Raise the model resolution in meetings of any organisation you belong

to and affiliate that organisation to CARE.

"This branch/organisation opposes the current anti-democratic direction and deplores the attacks on anti-racism. We call on this branch/organisation to support the aims and objectives of the Campaign for Anti-Racist Education, affiliate to and take an active part in the Campaign."

4. Inform CARE of the results.

5. Organise activities locally to mobilise support and sponsorship.

6. Organise meeting of local supporters.

7. Build support for the National Conference of CARE on 29th June 1991.

8. Commit yourself to the struggle for democracy and equality in education.

I agree with the aims and objectives of CARE and would like to join the Campaign.

Type of membership: Individual £5.00 ☐ Affiliate £15.00 ☐ 5 years membership £20.00 ☐

Name.....

Address.....

Contact:.....

Tel:.....

Institution:.....

Please return this form with cheque/PO made payable to CARE:  
221 Seven Sisters Road, London N4 2DA

Please write on a separate sheet if necessary.



# PERSONAL IMPRESSIONS

In scarcely more than a decade, Jubilee Ward Charge Nurse Anne McCarty has seen a radical change in the way patient care is delivered.

When she started her psychiatric nurse training in the mid 1970s there were just too many patients on the wards for staff to try to tailor their care to their needs.

"Things have changed, wards have become smaller. I first worked on a ward of 54 patients and only four nurses. There was no real care, all we did was to get them out of bed, get them washed, feed them and by the time we had toiletted them at 11.30, it was time for lunch and handing over. "It was custodial care, there was no such thing as an individualised approach to patients to see what they liked and disliked," Anne says.

When she trained on Gentian Ward many of the wards had 42 beds: "There were hardly any of the 20s and 18s there are now".

She did not think she would be able to complete her training but what made her stick at it was the thought of "becoming a ward sister and changing things".

"I became a ward sister at the end of 1979 and had very definite ideas about what I wanted to do. Basically, I wanted each patient assessed physically, socially and psychologically and then to try to implement their individual needs and wants."

It took two years to assess her 40 patients, but at the end of that time, she had those who had been immobile for years up and walking, drugs were reduced and patients became more alert and their appetites improved.

"To cut a long story short, instead of being a terribly rigid routine, it became more flexible and patients started to go out on bus trips to see the Christmas Lights," Anne says.

What Anne achieved with her 22 female and 18 male patients on Orchid Ward she has repeated on Jubilee Ward where she assesses needs of patients usually 75 and over.

"Nurses are the most important people on the ward even before the patients because if the nurses are happy, the patients are going to pick up on that and get the best care. It was the same on Orchid Ward," Anne says.

Having said that, it is clear that the patients are paramount and they have the choice of whether or not radios and televisions are turned on, not the staff.

To break down the fears and misconceptions that the public can have Anne invites the community in and they have come in a big way.

The wild flower garden planned for opening later this year is a result of the generosity of Balham and Clapham British Legion, Old 5th Balham and Tooting Scouts Supporters Club and Tooting Co-Op Travel Agency.

Anne came to nursing in a roundabout fashion having first worked for four years in a factory in her native Yorkshire and then as a sales representative. She did her general nursing training with the Queen Alexandra Royal Army Nursing Corps, the oldest nurses force in the British Forces before coming to Springfield.

## Ethnic Switchboard prepares for launch

Imagine falling ill in a foreign country with no-one to speak for you and you will see the need to be met by the Ethnic Switchboard.

Established a year ago by the Ethnic Study Group Co-Ordination Centre for Community Health Care, the switchboard itself should be up and running later this summer.

But the switchboard is simply part of the activities going on from offices in Lessingham Avenue, Tooting.



*The Ethnic Switchboard Team*

Co-ordinators, Marium Nafisa and Joy Allen ably assisted by Sylvia Samuel first plan to train the interpreters which the switchboard will seek to match to those with mainly mental health problems dotted across London.

Part funded by the Department of Health and from other sources found by the Ethnic Switchboard itself, the service will not simply be translation word for word, but by culture too, hence the four month one day course planned for interpreters.

According to Marium: "With the ethnic minorities the problem is that in terms of psychiatry if you can't talk to the doctor there may be a problem of diagnosis. With the best intention you could end up with a mis-diagnosis".

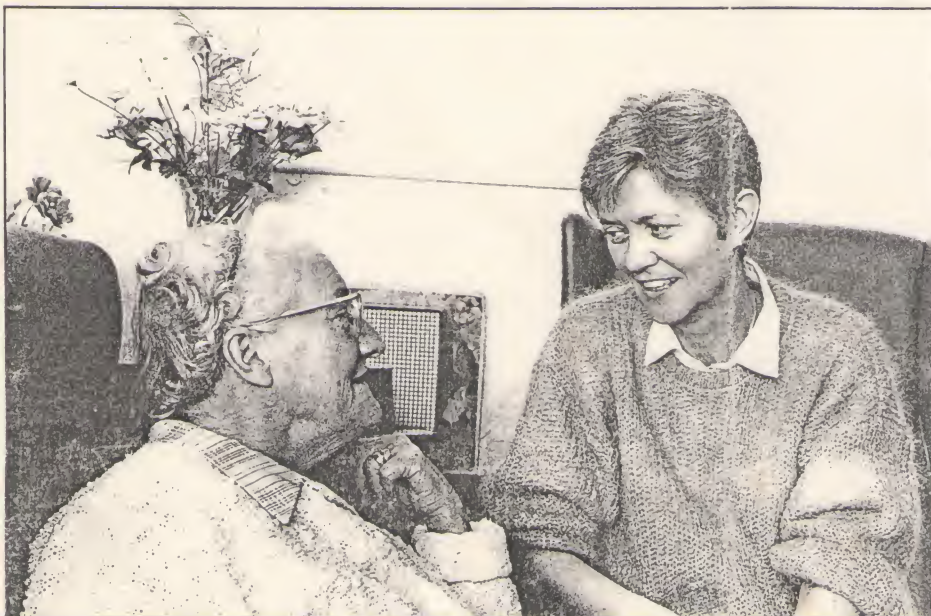
In a hospital setting a kitchen hand or porter might be called on to interpret and at home or in a doctor's surgery, a child or relative – none of whom may be able to explain the problem clearly.

Eventually there could be 2,000 interpreters spread across the capital able not only to interpret, but to advocate on behalf of the client working with a knowledge of medical terminology and jargon and the ability to write up a report on the case.

The interpreter will need to understand the Mental Health Act "and the need to give patients as much information as possible and to befriend the patient without getting too involved."

"we are hoping the training will be something similar to the nurse, medical or physiotherapy training which will become a recognised and acceptable programme for everyone working in the field everywhere," says Marium.

The switchboard itself will be operated by a rota of around ten people who will seek to match interpreters to patients by language. The main problem will be telling the professionals of its existence for, at the moment, much of the interest has come from the community who cannot refer themselves.



*Anne McCarty chats with Sally Knight*



# walls

with one volunteer sees hers five days a week.

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## Help 'em celebrate

About to celebrate its tenth anniversary is a very unusual introduction agency — one that links volunteers to jobs that need doing and vice versa.

If there is a volunteer there's more than a good chance there is a project or two or three to suit him or her, according to Wandsworth Volunteer Bureau organisers, Alison Crocker and Janet Grimes.

"You don't have to make a regular commitment. We will take people offering just half an hour to visit a pensioner or change a light bulb," says Janet.

Students might like to give up their summer holidays to run one of the many play-schemes and the green fingered might consider rescuing local pensioners from their overgrown gardens.

The bureau's list of projects in need of help is endless.

Wandsworth Bereavement Support Service needs recruits as does the Battersea Befriending Scheme which provides support for those with a mental health problem.

Swimmers prove popular with schemes for children or adults with disabilities or you could find a new skill as a bingo caller or pianist in one of the local day centres.

The bureau can be contacted on 870 4319.

## Extra help needed

Hospitals themselves always have a great need for extra pairs of helping hands and Springfield is no exception.

Manager Sue Gallagher says there "is a desperate need for more volunteers"

who could be helping elderly people at meal times or befriending those preparing to move back into the community. Volunteer organiser Betty Stewart can be contacted at the hospital on 672 9911.



The Ethnic Switchboard team.

## Making contact

IMAGINE FALLING ill in a foreign country with no way of making yourself understood and you can see why the Ethnic Switchboard has been set up.

Part funded by the Department of Health the Tooting based organisation will seek to pair interpreters with those suffering mainly mental health problems.

The interpreting service has been launched making use of people who already have some involvement with the NHS and training has started to build a team which will seek to meet the needs of the many ethnic groups found in London.

Co-ordinators Mariam Mafisa and Joy Allen and assistant Sylvia Samuel (pictured) can be contacted on 682 0216.

● A quite different and longer established service is offered on the telephone by Putney Samaritans which serves Wandsworth, and receives funding from a number of local authorities.

Director Moyra Montagu

has a team of 150-160 volunteers who man the telephones on a rota of six shifts including overnight but there is always room for more.

A monthly "meet and greet" evening is being held for potential volunteers on the third Thursday of every month those interested in continuing can then embark on a training course held in the evenings which teach listening skills.

"Before they start they have to come to terms with their own feelings of death and suicide. They learn to empathise with callers and learn never to give advice," says Moyra.

Having completed training each volunteer is assigned a more experienced mentor and they will soon learn as the sign in the Putney office says: "No worry, no anxiety, no feeling is too trivial. If it matters to you then talking will help."

By no means are the majority of callers suicidal but what appears a minor problem may mask a more major one and volunteers are trained to work towards unearthing this but the solution has to come from the caller not the listener.

There are regular callers and some keep in touch over many years and there is also the opportunity to talk to volunteers face to face between 9am to 9pm but an appointment has to be made. The Samaritans can be contacted on 789 9121.





## CLOSED TO INTERPRETATION

The success of a recently established code of practice for interpreters\*, aimed at solving communication problems between doctors and ethnic minorities, is under threat from government cuts.

The code was drawn up by the Ethnic Switchboard, an organization set up in 1988 with the aid of a government grant to look into the problems arising from a lack of qualified interpreters in the health service. The Switchboard runs a training programme to meet the standards laid out in the code and acts as a co-ordinating body for interpreters.

The grant ran out at the end of March, just days after the Code was officially launched. And the Department of Health has refused to renew it, saying that it must search for funding elsewhere.

Doctors still tend to rely for interpretation upon nurses and social workers who happen to speak the patient's language or on other members of the patient's family. In many cases, the children are used because they have grown up in Britain and speak English. This can have traumatic effects on both child and patient.

'Imagine trying to explain to an eight-year-old boy that his mother is mentally unstable and will have to go into hospital,' says Marium Nafisa, co-ordinator of the Ethnic Switchboard. 'Mental illness has a tremendous stigma attached to it in any community, so how does a child react to being told that his mother is "mental"?''

Bad communication can also lead to grave errors in assessing and diagnosing patients. Many people come from poorer countries where they have had little or no formal education. If they are illiterate in their own language, it is more difficult for them to learn another. 'People who don't speak English,' Nafisa claims, 'often clam up and say nothing for fear of looking foolish. A doctor will simply view such a person as obstinate and unco-operative.'

The training course run by the Switchboard places greater emphasis on patients' rights and general issues of mental health than do most language courses. 'In this case, interpretation is not just the translation of words,' says Nafisa. 'It requires an understanding of the culture and religion of the patient, as well as an in-depth knowledge of how the British health system works.'

Interpretation is also a legal right and not a luxury. 'The Mental Health Act requires that social workers know all the circumstances of a case,' says Dr



Interpretation is not just the translation of words

Aggrey Burke, chair of the Co-ordinating Centre for Community Health Care which set up the Ethnic Switchboard. 'But how can they know all the circumstances if they don't speak the person's language?'

The present system in Britain is erratic, with little uniformity or co-ordination of resources. One borough may be well-staffed with interpreters, while another is completely lacking. The Switchboard has started compiling a national database of qualified interpreters. This process, along with the new training scheme, has had to be ditched because of the cutbacks.

The Department of Health says that the work done by the Switchboard will merely be taken on by regional authorities. But Marium Nafisa claims that this solution will be less effective and more expensive.

'What is the point,' she says, 'in setting standards without having a central co-ordinating body to ensure that these standards are being kept? The Government obviously just wanted to be seen to be doing something, and now the code has been produced they can sit back and say we have done something for the ethnic minority communities.'

Nafisa is searching for an alternative source of funding. 'The Department tells us we should sell the Switchboard,' she says. 'But with the

present cutbacks who's going to buy it?' **Cathy Cooper**

\*The 'Code of Practice for Interpreters' is available, price £3.50, from Ethnic Study Group, Co-ordinating Centre for Community and Health Care, 28 Lessingham Avenue, London SW17 8LU.

The National Extension College has also published two training resources: 'The Right to be Understood: A Training Video on Working With Community Interpreters' (£99.94 including training notes, video also available for hire); 'The Right to be Understood: A Handbook on Working With, Employing and Training Community Interpreters' (£24.95). Handbook and video together: £115. From N.E.C., 18 Brooklands Avenue, Cambridge.

## OVERDOSING

MIND is demanding a public inquiry into bad practice on psychiatric wards after a jury found a patient at the Lister Hospital in Stevenage had been unlawfully killed by gross neglect. She had been given a toxic level of an anti-depressant. If you know of any examples of bad practice — especially overdosing — contact the Legal Department, MIND, 22 Harley Street, London W1N 2ED (071-637 0741).

## CONTRIBUTORS

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